



THE CONNECTICUT PSYCHOLOGICAL ASSOCIATION, INC.

PO Box 915, North Haven, CT 06473-0915

Phone: (860) 404-0333 • Fax (860) 673-0819

E-mail: info@connpsych.org • Web: www.connpsych.org

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March 20, 2013

Dear Members of the Public Health Committee:

My name is Traci Cipriano, and I am writing as Director of Professional Affairs for the Connecticut Psychological Association and as a licensed clinical psychologist in private practice in Woodbridge, in **support of R.B. 1069 – AN ACT CONCERNING THE JOINT PRACTICE OF PHYSICIANS AND PSYCHOLOGISTS**, which allows physicians and psychologists to incorporate together as business partners.

Significantly, the proposed language is **not a mandate**; rather, it simply provides an option for physicians and psychologists to partner in business, if they so choose.

The ability to incorporate as a multidisciplinary practice is becoming increasingly relevant as we begin to progress through healthcare reform and the formation of Accountable Care Organizations (ACO's). This ability of physicians and psychologists to partner in business will facilitate the transition, as it makes both practical and fiscal sense. Patients can see their primary care doctor and psychologist in one visit, records can be easily accessed for continuity of care, and a bundled payment can cover both services.

In further support of integrated primary and behavioral health care, research shows that physical and mental health are closely related.

- Between **50-70% of primary care visits** are believed to be for somatic complaints (medically unexplained physical symptoms believed to be rooted in a psychological cause), and are usually **associated with anxiety and depression**. (Lowe, 2007; Kroenke, 2003; Blount, 2007)
- In addition, anxiety and depression exacerbate the severity of existing physical health symptoms, which also increases healthcare utilization (Dunner, 2001).
- **Depression** is known to be related to:
 - *arthritis* (Ang, et al, 2005; Zyrianova, et al, 2006; Lin, et al, 2003),
 - *diabetes* (Eaton, 1996; Lustman, 1997; van der Does, 1996),
 - *stroke* (Larson, et al. 2001; Morris, et al, 1993),
 - *heart disease* (Glassman, et al. 2002, Carney, et al, 2001, Rabkin, et al, 1983, Carney et al, 1988), and
 - *obesity* (Markowitz, 2008; Luppono, 2010).

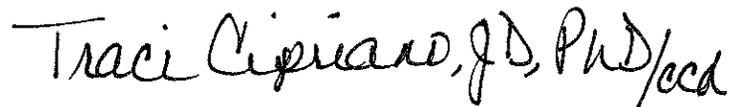
- It is also widely recognized that high levels of **stress**, combined with poor coping strategies, lead to *lowered immune system activity*, as well as poor physical health outcomes, such as:
 - *arthritis* (Walker, 1999),
 - *diabetes* (Novak, et al, 2013; Bradley, 1988),
 - *cardiovascular disease* (Steptoe and Kivimaki, 2012),
 - *stroke* (Egido, et al, 2012; Toivanen, 2012), and
 - *obesity* (BOSE, et al, 2009; Herzog, 2007).

In addition, many patients facing an unexpected decline in physical or cognitive functioning, as a result of a physical illness or injury, often struggle with depression. Further, diagnostic clarification regarding whether a patient is experiencing symptoms of dementia or depression is a common referral question.

These are just a few examples of how physical and behavioral health are closely related, and thus are often well-suited for multidisciplinary care.

As physicians and psychologists begin to grapple with these practical, fiscal, and physical and mental health realities, the ability to incorporate will provide one option for increased comprehensiveness and continuity in care. Not all practitioners will want to follow this model, instead selecting other models; it simply represents one good option for practitioners to consider.

Thank you for your time and consideration.



Traci Cipriano, JD, PhD
Licensed Clinical Psychologist
Director of Professional Affairs